

# Exhibit 2

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

**IN RE: INSULIN PRICING LITIGATION**

This document relates to:

Self-Funded Payer Track

**Case No. 2:23-md-03080 (BRM)(RLS)  
MDL No. 3080**

**JUDGE BRIAN R. MARTINOTTI  
JUDGE RUKHSANAH L. SINGH**

**SELF-FUNDED PAYER PLAINTIFF FACT SHEET**

Please provide the following information for each plaintiff that is part of the Self-Funded Payer Track that has filed a complaint in *In Re: Insulin Pricing Litigation*, MDL No. 3080. In completing this Plaintiff Fact Sheet (“PFS”), You are under oath and must provide information that is true and correct to the best of Your knowledge, information, and belief. The scope of the questions herein and responses thereto will be limited to information and/or documents within the possession, custody, or control of those Plaintiffs. However, to the extent any of the information requested is in the possession of one or more of the Defendants and is not currently in Your possession, Plaintiffs agree to request such information from Defendants and Defendants agree to fully cooperate in providing information requested in these requests to the extent the information requested is in the possession of one or more of the Defendants.

Do not leave any questions unanswered or blank. If You are filling out this PFS in hard copy, use additional sheets as needed to fully respond.

This PFS constitutes discovery responses subject to the Federal Rules of Civil Procedure. You must promptly supplement Your responses if You learn that they are incomplete or inaccurate in any respect. Each question in this PFS is continuing in nature and requires supplemental answers as You obtain further information between completing this PFS and trial. Information provided will only be used for purposes related to this litigation and may be disclosed only as permitted by the Stipulated Confidentiality Order entered in this MDL proceeding. (See Dkt. 117.)

To the extent any question can be answered through the production of documents, consistent with Federal Rule of Civil Procedure 33(d), Plaintiff may produce such documents and indicate in the response which documents are being produced to satisfy the question and specify the applicable bates ranges for the specific responsive documents.

**INSTRUCTIONS**

1. None of the questions in this PFS seek privileged information. To the extent You believe that any form of privilege prevents You from fully answering a question, state Your basis for withholding an answer or part of an answer on the grounds of privilege and which privilege

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You believe applies. If you assert that part of a question is objectionable or calls for privileged information, respond to the remaining parts of the question to which you do not object.

2. The words "and," "or," and "including" should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed out of its scope. "Including" shall mean "including but not limited to."

3. All definitions provided herein are limited to the use of the terms in these Requests.

### **DEFINITIONS**

1. "Administrative Fees" means any fee paid by a manufacturer to a PBM in exchange for any administrative service the PBM performs.

2. "At-Issue Products" means the insulin products and any other pharmaceuticals identified in Your operative complaint.

3. "Health Plan" means all health plans offered by, administered by, or sponsored by You during the Period that the Health Plan offered or included Prescription Drug Coverage.

4. "PBM" means pharmacy benefit manager.

5. "Prescription Drug Coverage" means any form of health insurance, health coverage, prescription drug plan, or any other health plan that helps enrollees pay for prescribed pharmaceutical drugs.

6. "Rebates" means any rebate, payment, discount, or other price concession made or paid by a manufacturer to a PBM.

7. "Time Period" means January 1, 2011 to January 1, 2023.

8. "WAC" means wholesale acquisition cost.

9. "You" or "Your" means the Plaintiff named in this Action, any agents, representatives, or any other entities acting on Plaintiff's behalf, and any other entities on whose behalf Plaintiff brings this Action.

### **QUESTIONS**

**I. CASE INFORMATION**

1. Plaintiff: \_\_\_\_\_
2. Case name and caption number: \_\_\_\_\_
3. Name, firm, and e-mail of principal attorney(s) representing You: \_\_\_\_\_
4. Defendants: \_\_\_\_\_

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**II. BENEFICIARIES**

5. In the table below, provide the total number of individuals enrolled in Your Health Plan, including primary and dependent beneficiaries, for each year of the Time Period:

Year	Number of Beneficiaries
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	

6. Provide the total number of individuals who used Your Health Plan to purchase or use At-Issue Products during each year of the Time Period.

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Year	Number of Purchasers of At-Issue Products
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	
2020	
2021	
2022	

### **III. PERSONS OR ENTITIES WITH RELEVANT KNOWLEDGE**

7. In the form of the table below, identify the name, title, and dates of employment of Your current and former employees, representatives, or agents who had any responsibility over the design or administration of Your Health Plan or Prescription Drug Coverage during the Time Period.

Name	Title	Dates of Employment or Contract

8. To the extent not included in response to No. 7 above, in the form of the table below, identify by name, title, and dates of employment Your current and former employees or representatives with discoverable knowledge regarding the allegations in Your Complaint.

Name	Title	Dates of Employment or Contract

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9. In the table below, identify by name any department, agency, investigative unit, entity, or other program with responsibility over functions related to the allegations in Your Complaint. Summarize each of those entities' area of responsibility:

Entity Name	Area of Responsibility

#### **IV. AT-ISSUE PRODUCTS**

10. Identify every insulin or other pharmaceutical that You allege is relevant to any claim for damages or other relief You seek in this case (the "At-Issue Products")<sup>1</sup>:

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11. In the form of the table below or through the production of documents, for each At-Issue Product, provide the total amount of money that You spent on the At-Issue Product for members enrolled in Your Health Plan for each year during the Time Period:

At-Issue Product	Year	Total Number of Scripts	Total Spent by You

#### **V. YOUR HEALTH PLANS**

12. In the table below, for each Health Plan that You offered that included Prescription Drug Coverage during the Time Period, identify the plan identification number, name, or other plan identifier and the starting and ending dates for each plan year during the Time Period:

Health Plan Identifier	Start Date	End Date

13. In the table below, list all PBMs or other entities with whom You have contracted for every Health Plan identified in response to Question No. 12 and for each plan year during the Time Period, identify the PBM or other entity that administered the Prescription Drug Coverage:

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<sup>1</sup> In seeking this information, Defendants do not concede that any pharmaceuticals identified by You are relevant.

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<b>Health Plan Identifier</b>	<b>Plan Year</b>	<b>PBM or Other Entity</b>

14. Identify all insurers or third-party administrators with whom You have contracted relating to the Health Plans identified in response to Question No. 12:
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#### **VI. REBATES AND FEES**

15. In the table below, identify each contract You have or had with a PBM during the Time Period, including the party with which You contracted, and the year. Include in Your answer any addendums or other agreements You entered pursuant to an existing master agreement. If a contract was entered into before the Time Period began but did not expire until after the Time Period began, identify that contract as well:

<b>Contract</b>	<b>Contracting Entity</b>	<b>Year(s)</b>

16. Identify any advisors, contractors, brokers, or consultants You used to solicit, select, or develop Your health plan or health benefit coverage options including the time period they were used.
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17. Are Your Health Plan expenditures related to pharmaceuticals audited, either internally or by an external auditor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for each audit during the Time Period, state what entity or entities were responsible for the audit: \_\_\_\_\_

18. Identify any advisors, contractors, brokers, or consultants You used in connection with soliciting or selecting PBMs including the time period they were used.
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#### **VII. TIMING OF AWARENESS**

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19. Identify the earliest date on which You began investigating the pricing of Defendants' At-Issue Products for the purpose of bringing the present action: \_\_\_\_\_  
\_\_\_\_\_
20. Identify when You first learned or discovered that Defendants' statements about the prices for the At-Issue Products were allegedly artificially inflated, false, fraudulent, misleading, or deceptive:  
\_\_\_\_\_
21. Describe how You learned or discovered that Defendants' statements about the prices for the At-Issue Products were allegedly artificially inflated, false, fraudulent, misleading, or deceptive:  
\_\_\_\_\_
22. Identify the earliest date on which You learned of or discovered any other lawsuit filed against any Defendant related to insulin pricing, including *In re Insulin Pricing* (D.N.J., 2:17-cv-00699), *MSP LLC* (D.N.J., 2:18-cv-02211), *Minnesota* (D.N.J., 2:18-cv-14999), *In re Direct Purchaser* (D.N.J., 3:20-cv-03426): \_\_\_\_\_
23. Describe how You learned of or discovered any other lawsuit filed against any Defendant related to insulin pricing: \_\_\_\_\_  
\_\_\_\_\_

### **VIII. SELECTION OF PRESCRIPTION DRUG COVERAGE**

24. In the table below, identify any third-party services, advisors, consultants, or contractors used by You to provide consulting, research, analysis, accounting, financial advice, or other advice related to Your Health Plan or Prescription Drug Coverage for At-Issue Products during the Time Period, the approximate dates You used the third-party services, advisors, consultants, or contractors, a description of the services that entity provided You, and the principal point of contact at the entity who is or was responsible for overseeing performance of the contract:

<b>Third-Party Advisor (Advisor Name and Employer)</b>	<b>Approximate Dates</b>	<b>Description of Services</b>	<b>Point of Contact</b>

25. For each advisor, consultant, or contractor You identified in Question No. 24, in the table below, identify whether You received any presentations, reports, analyses, or memoranda related to Health Plan or Prescription Drug Coverage benefit design for At-Issue Products:

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Third-Party Advisor	Received Presentations, Reports, Analyses, Memoranda (Yes/No)

26. Did You or anyone acting on Your behalf conduct a request for proposal (“RFP”) or similar process to solicit offers from or to otherwise identify PBMs to administer Prescription Drug Coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in the table below, identify each RFP or other solicitation You made during the Time Period, any third-party advisor that assisted with the RFP or solicitation, the PBMs You sent the RFP or solicitation to and produce the RFP responses:

RFP or Solicitation	Third-Party Advisor	Date	PBMs Solicited

27. Did You or anyone acting on Your behalf conduct or participate in an audit or study, related to any services provided by the entities identified in Question No. 24. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in the table below, identify each audit or study:

Audit or Study	Person or Entity conducting the Audit/Study	Date

## **IX. MEMBERSHIP IN OTHER ENTITIES**

28. In the table below, identify any organizations that You are a part of that share information regarding at-issue insulin, pharmaceutical pricing, Rebates, PBM or drug pricing reform or legislation, including, but not limited to, the National Association of Counties, MMCAP, or any other group purchasing organization, and identify any of Your employees who are involved in that organization:

Organization	Dates of Membership	Your Involved Employees

29. In the table below, identify any task forces, studies, working groups, initiatives, legislative bodies, or investigative bodies You have been involved in related to at-issue insulins, pharmaceutical pricing, rebates, or PBM/drug pricing reform or legislation:

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Entity	Dates of Involvement

**X. DAMAGES**

30. Are You seeking any monetary damages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, summarize the categories of damages or monetary relief that You allege.

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**INITIAL DOCUMENT REQUESTS**

Please produce the following documents for the Time Period:

1. Each RFP seeking PBM services, including all amendments, riders, schedules, supplements, instructions, or other addenda that You issued during the Time Period.
2. Each contract, including amendments, riders, schedules, supplements, or other addenda that You entered into with a PBM that otherwise was in effect during the Time Period.
3. Documents sufficient to identify the formularies in place for You during the Time Period.
4. Data sufficient to show Your total expenditures on the At-Issue Products each year of the Time Period.
5. Documents received by You that related to representations made by PBMs about their services or made by pharmaceutical manufacturers about their list prices.
6. Contracts with third-party advisors in effect during the Time Period that relate to prescription drug benefits, as well as any presentations, reports, analyses, or memoranda relating to prescription drug benefits Plaintiffs chose or did not choose.

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**CERTIFICATION**

I declare under penalty of perjury that all of the information provided in this PFS is complete, true, and correct to the best of my knowledge and information, and that I have provided all of the requested documents that are reasonably accessible to me and/or my attorneys, to the best of my knowledge.

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Signature

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Date

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Name (Printed)

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Title